

## Annex 1: Questionnaire provided to participants

Dear friend

We are currently carrying a questionnaire survey on diabetes. It is about your health and the things you do that may affect your health. The information you give will be used to develop better anti-diabetic health education programmes and resource materials for young children and adults.

Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es)

Serial No: 1

### Section A: Personal Profile

- i. Sex: Male ☐ Female ☒
- ii. Age: 36 years
- iii. Marital Status: Married ☒ Single ☐ Divorced ☐
- iv. Religion/Ethnic Group: Islam
- v. Where do you live? 9A Patna St, Port-Louis
- vi. Occupation: Education Officer
- vii. Highest Qualification you have: Diploma Bio MIE
- viii. Highest Qualification your parent(s) or guardian (s) have: SC

### Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                                     |                    |                                     |
|------------------------|-------------------------------------|--------------------|-------------------------------------|
| A. Parents             | <input checked="" type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/>            | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/>            | G. School textbook | <input checked="" type="checkbox"/> |
| D. Newspaper/Magazines | <input type="checkbox"/>            | H. Radio           | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

3. What did you learn from the above selected source (s)?

\_\_\_\_\_ Sugar appearing in urine \_\_\_\_\_

4. (i). Do you have diabetes?

Yes ☐

No ☐

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv). Where is your diabetes controlled?

\_\_\_\_\_  
\_\_\_\_\_

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

\_\_\_\_\_

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes ☐

No ☐

6. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes ☐

No ☐

(ii). If **yes**, how many members in your family have diabetes?

\_\_\_\_\_ One - mother \_\_\_\_\_

6. According to you, what is **Diabetes**?

\_\_\_\_\_ Increase blood sugar level \_\_\_\_\_  
\_\_\_\_\_

7. What are the signs and symptoms of **Diabetes**?

\_\_\_\_\_ Thirst \_\_\_\_\_  
\_\_\_\_\_

8. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ Glucostix \_\_\_\_\_  
\_\_\_\_\_

9. Name the common drugs (medication) taken to treat **Diabetes**?

\_\_\_\_\_ **Insulin based** \_\_\_\_\_

10. How can you prevent yourself from **Diabetes**?

\_\_\_\_\_ **Exercising** \_\_\_\_\_

\_\_\_\_\_

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Research team

Tick in the appropriate box (es)

Serial No: 2

### Section A: Personal Profile

- i. Sex: Male ☐ Female ☒
- ii. Age: 35 years
- ii. Marital Status: Married ☐ Single ☒ Divorced ☐
- iii. Religion/Ethnic Group: Islam
- iv. Where do you live? 18 Municipality Street
- v. Occupation: Administrative Clerk / Secretary
- vi. Highest Qualification you have: SC
- vii. Highest Qualification your parent(s) or guardian (s) have: None

### Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                          |                                     |                      |                          |
|--------------------------|-------------------------------------|----------------------|--------------------------|
| (A.) Parents             | <input type="checkbox"/>            | (E.) Television      | <input type="checkbox"/> |
| (B.) Friends             | <input type="checkbox"/>            | (F.) Internet        | <input type="checkbox"/> |
| (C.) Relatives           | <input type="checkbox"/>            | (G.) School textbook | <input type="checkbox"/> |
| (D.) Newspaper/Magazines | <input checked="" type="checkbox"/> | (H.) Radio           | <input type="checkbox"/> |

Others, please specify \_\_\_\_\_

3. What did you learn from the above selected source (s)?

--- Bad effects. This disease cause to human health \_\_\_\_\_

4. (i). Do you have diabetes?

Yes ☐

No ☐ \*

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?  
\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes  
or to lower the blood sugar?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv). Where is your diabetes controlled?  
\_\_\_\_\_  
\_\_\_\_\_

—  
(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?  
\_\_\_\_\_

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes ☐

No ☐ \*

6. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes ☐

No ☐ \*

(ii). If **yes**, how many members in your family have diabetes?  
\_\_\_\_\_  
\_\_\_\_\_

6. According to you, what is **Diabetes**?

Diabetes is excess of sugar in the human body that causes other serious sickness, etc...

7. What are the signs and symptoms of **Diabetes**?

Feeling dizzy very often, tiredness often, respiration not normal.

8. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ **None** \_\_\_\_\_

9. Name the common drugs (medication) taken to treat **Diabetes**?

\_\_\_\_\_

10. How can you prevent yourself from **Diabetes**?

\_\_\_\_\_

\_\_\_\_\_ **Control sugar** \_\_\_\_\_

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Research team

Tick in the appropriate box (es)

Serial No:   3  

### Section A: Personal Profile

- i. Sex: Male ☐ Female ☒
- ii. Age:   43   years
- iii. Marital Status: Married ☒ Single ☐ Divorced ☐
- iv. Religion/Ethnic Group: \_\_\_\_\_
- v. Where do you live?   Port-Louis
- vi. Occupation:   House-Wife
- iv. Highest Qualification you have:   SC
- v. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

### Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes ☐ No ☒

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                          |                    |                                     |
|------------------------|--------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/> | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input type="checkbox"/> | H. Radio           | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

4. What did you learn from the above selected source (s)?

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7. (i). Do you have diabetes?

Yes

☐

No

☐

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

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(iv). Where is your diabetes controlled?

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(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

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8. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐

5. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

☐

(ii). If **yes**, how many members in your family have diabetes?

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6. According to you, what is **Diabetes**?

\_\_\_\_\_Your blood sugar increase\_\_\_\_\_

11. What are the signs and symptoms of **Diabetes**?

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12. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

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13. Name the common drugs (medication) taken to treat **Diabetes**?

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14. How can you prevent yourself from **Diabetes**?

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## Annex 1: Questionnaire provided to participants

Dear friend

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Research team

Tick in the appropriate box (es)

Serial No: 4

### Section A: Personal Profile

- vii. Sex: Male ☐ Female ☒
- iii. Age: 31 years
- viii. Marital Status: Married ☒ Single ☐ Divorced ☐
- ix. Religion/Ethnic Group: Islam
- x. Where do you live? P-Louis
- xi. Occupation: House-Wife
- vi. Highest Qualification you have: SC
- vii. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

### Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                          |                    |                                     |
|------------------------|--------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/> | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input type="checkbox"/> | H. Radio           | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

6. What did you learn from the above selected source (s)?

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9. (i). Do you have diabetes?

Yes

☐

No

\*

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

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(iv). Where is your diabetes controlled?

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(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

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10. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

\*

7. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

\*

(ii). If **yes**, how many members in your family have diabetes?

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6. According to you, what is **Diabetes**?

\_\_\_\_\_ Diabetes is not a disease (contagieuse) \_\_\_\_\_

15. What are the signs and symptoms of **Diabetes**?

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16. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

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17. Name the common drugs (medication) taken to treat **Diabetes**?

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18. How can you prevent yourself from **Diabetes**?

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\_\_\_\_\_ **By exercise** \_\_\_\_\_

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Research team

Tick in the appropriate box (es)

Serial No: 5

### Section A: Personal Profile

ix. Sex: Male ☐ Female ☒

iv. Age: 40 years

x. Marital Status: Married ☐ Single ☐ Divorced ☒

xii. Religion/Ethnic Group:

Islam

xiii. Where do you live? P-Louis

xiv. Occupation:

Teacher

viii. Highest Qualification you have: HSC

ix. Highest Qualification your parent(s) or guardian (s) have:

CPE

### Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- |   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| <input checked="" type="checkbox"/> A. Parents  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> E. Television | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> B. Friends  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> F. Internet   | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> C. Relatives           | <input type="checkbox"/>            | <input type="checkbox"/> G. School textbook       | <input type="checkbox"/>            |
| <input type="checkbox"/> D. Newspaper/Magazines | <input type="checkbox"/>            | <input type="checkbox"/> H. Radio                 | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

8. What did you learn from the above selected source (s)?

\_\_\_People having the disease, and how to avoid. \_\_\_\_\_

11. (i). Do you have diabetes?

Yes

☐

No

☐

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes or to lower the blood sugar?

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(iv). Where is your diabetes controlled?

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(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

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12. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐

9. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

☐

(ii). If **yes**, how many members in your family have diabetes?

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6. According to you, what is **Diabetes**?

\_\_\_High level of sugar in the blood \_\_\_\_\_

19. What are the signs and symptoms of **Diabetes**?

\_\_\_Scratching, fatigue, thirst \_\_\_\_\_

20. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_Pharmacies or laboratories \_\_\_\_\_

21. Name the common drugs (medication) taken to treat **Diabetes**?

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22. How can you prevent yourself from **Diabetes**?

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\_\_\_ Control food, exercise, avoid sweets \_\_\_

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## Annex 1: Questionnaire provided to participants

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Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es)

Serial No: 6

### Section A: Personal Profile

- xi. Sex: Male ☒ Female ☐
- v. Age: 30 years
- xii. Marital Status: Married ☒ Single ☐ Divorced ☐
- xv. Religion/Ethnic Group: Islam
- xvi. Where do you live? P-Louis
- xvii. Occupation: Interior Designer
- x. Highest Qualification you have: Sc
- xi. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_
- \_\_\_\_\_
- 

### Section B: Diabetes

13. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

14. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                                     |                    |                                     |
|------------------------|-------------------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/>            | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input checked="" type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/>            | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input checked="" type="checkbox"/> | H. Radio           | <input checked="" type="checkbox"/> |

Others, please specify \_\_\_\_\_

10. What did you learn from the above selected source (s)?



---

---

15. (i). Do you have diabetes?

Yes

☐

No

\*

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

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(iv). Where is your diabetes controlled?

---

---

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

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16. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐

11. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

\*

(ii). If **yes**, how many members in your family have diabetes?

---

6. According to you, what is **Diabetes**?

\_\_\_\_\_ Increase of sugar in our body \_\_\_\_\_

23. What are the signs and symptoms of **Diabetes**?

\_\_\_\_\_ Delayed healing, frequent hunger \_\_\_\_\_

24. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ Level of sugar in blood, cholesterol \_\_\_\_\_

25. Name the common drugs (medication) taken to treat **Diabetes**?

---

—

26. How can you prevent yourself from **Diabetes**?

---

By exercise

---

## Annex 1: Questionnaire provided to participants

Dear friend

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Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es)

Serial No: 7

### Section A: Personal Profile

xiii. Sex: Male ☐ Female ☒

vi. Age: \_\_\_\_\_ years

xiv. Marital Status: Married ☒ Single ☐ Divorced ☐

xviii. Religion/Ethnic Group:

Islam

xix. Where do you live? Port-Louis

xx. Occupation: self-employed

xii. Highest Qualification you have: sc

xiii. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

### Section B: Diabetes

17. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

18. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                          |                    |                                     |
|------------------------|--------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/> | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input type="checkbox"/> | H. Radio           | <input type="checkbox"/>            |

Others, please specify Hospital

12. What did you learn from the above selected source (s)?

Diet

19. (i). Do you have diabetes?

Yes

☐ \*

No

☐

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

39 yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

Medformine

(iv). Where is your diabetes controlled?

At home self-control, doctor

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes? 4 times

20. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐ \*

13. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

☐ \*

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

High glucose in body

27. What are the signs and symptoms of **Diabetes**?

28. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ **Blood test** \_\_\_\_\_

29. Name the common drugs (medication) taken to treat **Diabetes**?

\_\_\_\_\_ **Medformine-Insulin** \_\_\_\_\_

30. How can you prevent yourself from **Diabetes**?

\_\_\_\_\_ **Don't take too much sugar** \_\_\_\_\_

## Annex 1: Questionnaire provided to participants

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Research team

Tick in the appropriate box (es)

Serial No: 8

### Section A: Personal Profile

- xv. Sex: Male ☐ Female ☒
- vii. Age: 28 years
- xvi. Marital Status: Married ☐ Single ☐ Divorced ☒
- xxi. Religion/Ethnic Group: Islam
- xxii. Where do you live? 1, Calcutta P.Louis
- xxiii. Occupation: House wife
- xiv. Highest Qualification you have: CPE
- xv. Highest Qualification your parent(s) or guardian (s) have: No

### Section B: Diabetes

21. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

22. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                          |                          |                      |                                     |
|--------------------------|--------------------------|----------------------|-------------------------------------|
| (A.) Parents             | <input type="checkbox"/> | (E.) Television      | <input type="checkbox"/>            |
| (B.) Friends             | <input type="checkbox"/> | (F.) Internet        | <input type="checkbox"/>            |
| (C.) Relatives           | <input type="checkbox"/> | (G.) School textbook | <input checked="" type="checkbox"/> |
| (D.) Newspaper/Magazines | <input type="checkbox"/> | (H.) Radio           | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

14. What did you learn from the above selected source (s)?

\_\_\_\_\_ **Excess of sugar** \_\_\_\_\_

23. (i). Do you have diabetes?

Yes ☐

No ☒

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ **yrs**

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv). Where is your diabetes controlled?

\_\_\_\_\_  
\_\_\_\_\_

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

\_\_\_\_\_

24. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes ☐

No ☒

15. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes ☐

No ☒

(ii). If **yes**, how many members in your family have diabetes?

\_\_\_\_\_

6. According to you, what is **Diabetes**?

\_\_\_\_\_ **A bad disease** \_\_\_\_\_

31. What are the signs and symptoms of **Diabetes**?

\_\_\_\_\_ **Tired often** \_\_\_\_\_

32. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

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33. Name the common drugs (medication) taken to treat **Diabetes**?

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—

34. How can you prevent yourself from **Diabetes**?

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Control of sugar

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## Annex 1: Questionnaire provided to participants

Dear friend

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Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es)

Serial No: 9

### Section A: Personal Profile

xvii. Sex: Male ☐ Female ☒

viii. Age: 35 years

xviii. Marital Status: Married ☒ Single ☐ Divorced ☐

xxiv. Religion/Ethnic Group:

Islam

xxv. Where do you live? Port-Louis

xxvi. Occupation: House-wife

xvi. Highest Qualification you have: CPE

xvii. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

### Section B: Diabetes

25. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

26. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                          |                    |                          |
|------------------------|--------------------------|--------------------|--------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input type="checkbox"/> |
| B. Friends             | <input type="checkbox"/> | F. Internet        | <input type="checkbox"/> |
| C. Relatives           | <input type="checkbox"/> | G. School textbook | <input type="checkbox"/> |
| D. Newspaper/Magazines | <input type="checkbox"/> | H. Radio           | <input type="checkbox"/> |

Others, please specify Community Centre

16. What did you learn from the above selected source (s)?

Treatment

27. (i). Do you have diabetes?

Yes

☐

No

\*

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

28. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐

17. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

\*

No

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

35. What are the signs and symptoms of **Diabetes**?

36. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ **Urine** \_\_\_\_\_  
\_\_\_\_\_

37. Name the common drugs (medication) taken to treat **Diabetes**?

\_\_\_\_\_  
—

38. How can you prevent yourself from **Diabetes**?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Annex 1: Questionnaire provided to participants

Dear friend

We are currently carrying a questionnaire survey on diabetes. It is about your health and the things you do that may affect your health. The information you give will be used to develop better anti-diabetic health education programmes and resource materials for young children and adults.

Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es)

Serial No: 10

### Section A: Personal Profile

xix. Sex: Male ☐ Female ☒

ix. Age: 39 years

xx. Marital Status: Married ☒ Single ☐ Divorced ☐

xxvii. Religion/Ethnic Group:

Islam

xxviii. Where do you live? Port-Louis

xxix. Occupation:

Housewife

xviii. Highest Qualification you have: CPE

xix. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

\_\_\_\_\_

### Section B: Diabetes

29. Have you ever heard about **Diabetes**?

Yes ☒ No ☐

30. From which of the following sources, have you heard/learnt about **Diabetes**?

- |                        |                          |                    |                                     |
|------------------------|--------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/> | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input type="checkbox"/> | H. Radio           | <input type="checkbox"/>            |

Others, please specify

Neighbours

18. What did you learn from the above selected source (s)?

Sugar, diet, oil, cholesterol

31. (i). Do you have diabetes?

Yes

☐

No

☐

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

\_\_\_\_\_ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

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(iv). Where is your diabetes controlled?

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(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

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32. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

☐

No

☐

19. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

☐

No

☐

(ii). If **yes**, how many members in your family have diabetes?

\_\_\_\_\_ 1 \_\_\_\_\_

6. According to you, what is **Diabetes**?

\_\_\_\_\_ Illness \_\_\_\_\_  
\_\_\_\_\_

39. What are the signs and symptoms of **Diabetes**?

\_\_\_\_\_ Thirst, gain weight / lose weight. \_\_\_\_\_

40. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

\_\_\_\_\_ Blood, general. \_\_\_\_\_

41. Name the common drugs (medication) taken to treat **Diabetes**?

\_\_\_\_\_ Vaccination \_\_\_\_\_  
\_\_\_\_\_

42. How can you prevent yourself from **Diabetes**?

\_\_\_\_\_ Lower sugar intake, drink a lot of water \_\_\_\_\_  
\_\_\_\_\_